

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name Last First Middle		Date of Birth - -	Office Use Only
Social Security Number - -		Retirement Number	
Address		City	State Zip
Home Phone	Work Phone	Employer	

**Deferred Compensation Plan Change Form****Complete only those sections below that apply to changes you wish to make.****Contribution Change**

Contributions to the plan are pre-tax deduction from your pay. If you **contribute to another tax-deferred plan** during the year, please make certain you are within the IRS limitations. Changes to contribution amounts or cancellations can be made at any time. The maximum amount that can be contributed each year is the lesser of a) 100% of your annual compensation less contributions to retirement plans Or b):

Year	Normal Limitation Deferral		Age 50 Additional Catch-Up		Age 50 Max. Deferral	OR	3-Year Catch-Up Max Deferral
2003	\$12,000	+	\$2,000	=	\$14,000		\$24,000
2004	\$13,000	+	\$3,000	=	\$16,000		\$26,000
2005	\$14,000	+	\$4,000	=	\$18,000		\$28,000
2006	\$15,000	+	\$5,000	=	\$20,000		\$30,000

Limitation tests will be reviewed and you will be notified if your contribution is expected to exceed limitations for the calendar year. The catch-up provisions allow you to contribute additional amounts if you are age 50 or older, or are within 3 years of your anticipated retirement date or at least age 52. Please request a "3-Yr Catch-up Provision Worksheet" from your agency or our office for additional information.

**Contribution/Pay Period \$** \_\_\_\_\_ **Start Date** \_\_\_\_\_ ☐ As soon as possible  
☐ After \_\_\_\_\_ paycheck date  
*Frequency: Monthly = 12 per year* ☐ *Bi-Weekly = 24 per year* ☐

**Estimated Annual Salary \$** \_\_\_\_\_ **Do you wish to utilize the 3-Yr Catch-up?** ☐ Yes ☐ No  
If yes, anticipated retirement date \_\_\_\_\_

**Investment Election Change**

You must make your selection in **5% increments**. The total must equal 100%. This election will change the allocation of future contributions only. See transfer section below for transfer of existing balances.

_____ % Stable Fund (10)	_____ % Moderate Pre-mix Fund (23)	_____ % Large Co. Value Stock Index (20)
_____ % Money Market Fund (13)	_____ % Aggressive Pre-mix Fund (22)	_____ % Small Company Stock Fund (16)
_____ % Bond Market Index (18)	_____ % S&P 500 Stock Index (15)	_____ % International Stock Fund (17)
_____ % Conservative Pre-mix Fund (21)	_____ % Large Co. Growth Stock Index (19)	

Funds are **not guaranteed** as to rate of return or principal stability. Your employer is held harmless against any losses in these funds.

**Transfer of Existing Balances**

A transfer will move a dollar amount or % of your existing funds from one investment fund to another. A transfer between the Stable Fund and a "Competing Fund"—specifically the Money Market Fund, Bond Market Index and the Conservative Pre-mix Fund—is not allowed.

Transfer \$ \_\_\_\_\_ or \_\_\_\_\_ % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund  
Transfer \$ \_\_\_\_\_ or \_\_\_\_\_ % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund  
Transfer \$ \_\_\_\_\_ or \_\_\_\_\_ % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund

**Personal Identification Number (PIN) Change**

Please indicate below the PIN you would like to use for transactions on the phone voice response system, called the **Pension Access Line**, or through the internet **Pension Access Online**.

**Personal Identification Number (PIN)** (Specify four single-digit numbers, not letters)

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I understand that my funds may not be withdrawn from the plan except in the event of termination, retirement or approved financial hardship. I authorize the above changes, and certify that the above information is accurate. **Note: If making contribution changes please return this form to your agency payroll personnel for all payroll updates; they will then forward it to our office for further review.**

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency Action:** I have reviewed the above change form for completeness and have made the appropriate entry on the payroll system.

**Agency Signature** \_\_\_\_\_ **Agency Name & Number** \_\_\_\_\_

BAR CODE